

## Blood-Stream Infection (CDC)

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**Subject:** FW: draft guideline comments

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To: cdcinfo@cdc.gov  
Subject: draft guideline comments

The statement on page 20 # 465 ...

4. Do not use topical antibiotic ointment or creams on insertion sites, except for dialysis catheters, because of their potential to promote fungal infections and antimicrobial resistance [150,151].

Category IB

Comments regarding these statements in the guidelines.

1. There are dialysis catheters that are currently being used and the manufacturer clearly states not to use antibiotic ointment around the entry site due to potential degrading of the catheter. This statement leaves the user open to potential complications.

2. The potential to promote fungal infections and antimicrobial resistance is also a concern. Are there current studies that supports the use of antibiotic ointment on the dialysis catheter sites?

### Femoral Catheters

Page 13- #9. Place catheters used for hemodialysis and pheresis in a jugular or femoral vein, rather than a subclavian vein, to avoid venous stenosis [101-105]. Category IA.  
Page 15..... line #334 Femoral catheters have been demonstrated to have high colonization rates compared to subclavian and internal jugular sites when used in adults and, in some studies, higher rates of CRBSIs..... Femoral catheter should be avoided, when possible, because they are associated with a higher risk for deeper venous thrombosis than are internal jugular or subclavian catheters.....

These are two conflicting statements and need clarification. There are numerous studies that support the use of subclavian and internal jugular but femoral lines have higher incidence of CRBSI. If femoral catheters must be used would it be beneficial to include a dwell time (i.e removal of catheter after 72 hours).

National patient safety goal # 7.04 states evaluation of all central venous catheters routinely and removal of nonessential catheters should also be address in this guidelines.

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